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LICENSE NUMBER: 06520)0001	CITY OR TOWN MAI	NSFIELD
APPLICATION FOR RENI	EWAL: Annual	LICENSED F	FOR 2013
	CLASS		YEAR
LICENSEE NAME: TAN	G-SZ CORPORATION		
DOING BUSINESS A CHI	ENG DU REST.		
ADDRESS 249 NORTH N	IAIN ST.		
CITY/TOWN: MANSFIEI	LD STATE: MA	ZIP CODE: 020	48
MANAGER: TANG, TI	TYPE OF LICENSE: R	Restaurant CATEG	ORY: All Alcohol
EMAIL ADDRESS:			
	LSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICEN			
KITCHEN AND DINING F SERVICE BAR IN DINING	ROOM ON FIRST FLOOR; STO FROOM.	PRAGE OF FOOD IN BASE	EMENT;
I hereby certify and swear un	nder penalties of perjury that:		
1. the renewed licer	nse will be of the same type for the	ne same premises now licens	ed;
2. the licensee has o	complied with all laws of the Cor	mmonwealth relating to taxes	s; and
3. the premises are	now open for business (If not ex	plain below)	
SIGNED BY	idual, Partner or Authorized Cor	norate Officer	
marv	idual, i artiici of Addiorized Cor	porate Officer	
DATE:		EMDI OVED IDEN'	ΠΕΙΕΛΑΤΙΟΝ NUMBER:
	TELEPHONE NUMBER:		Social Security Number)
	t that we are in possession (1) to building inspector and the he		
	certificate of liquor liability in		
Please Check Below:		LOCAL LICENSING A	AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUS	T BE FILED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch	n. 138 \$ 16A)



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Annual	
	LICENSED FOR 2013
CLASS	YEAR
GN WARS POST #326	54
STATE: MA	ZIP CODE: 02048
PE OF LICENSE: Veter	rans club CATEGORY: All Alcohol
EBSITE AND ENTER YOUR EMA	IL ADDRESS
SES:	
OWS AND FOUR EXI	GE ROOMS; BAR & LOUNGE AREA FS; 44'X 44' ADDITION W/SIX PORTABLE BAR ONLY IN THIS
s of perjury that:	
the same type for the sa	ame premises now licensed;
all laws of the Commo	onwealth relating to taxes; and
business (If not explain	n below)
or Authorized Corpora	ate Officer
E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
	certificate required by Chapter 304 of the
	of the fire department for the above nnce required by Chapter 116 of the Acts
	Ance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
	PE OF LICENSE: Veter EBSITE AND ENTER YOUR EMANDSES: CHEN; TWO STORACO OWS AND FOUR EXITEXITS; SERVICE BY Is of perjury that: the same type for the same all laws of the Common business (If not explains or or Authorized Corporation or Authorized Corporation of St.) TE NUMBER:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06520	00005	CITY OR TOWN M	ANSFIELD
APPLICATION FOR RENE	EWAL: Annual	LICENSEI	FOR 2013
	CLASS	5	YEAR
LICENSEE NAME: BOST	TON HOSPITALITY, SPVER	F, LLC	
DOING BUSINESS A HOI	LIDAY INN MANSFIELD		
ADDRESS 31 HAMPSHIR	E ST.		
CITY/TOWN: MANSFIEL	LD STATE:	MA ZIP CODE: 0	2048
MANAGER: ANDERSON BRIAN E.	N, TYPE OF LICENSI	E:Innholder CATE	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENS	SED PREMISES:		
	CTION ROOMS, ENCLOSE AIL LOUNGE FACILITIES.		
I hereby certify and swear un	nder penalties of perjury that:		
	ase will be of the same type for	•	
	complied with all laws of the C	_	xes; and
3. the premises are	now open for business (If not	explain below)	
SIGNED BY Indiv	idual, Partner or Authorized (Corporate Officer	
	,		
DATE:	TELEPHONE NUMBER:	EMPLOYER IDE	ENTIFICATION NUMBER:
	TEEE TOTAL TANKER	(Note: NOT Individu	ual Social Security Number)
Acts of 2004, signed by the	t that we are in possession (e building inspector and the certificate of liquor liability	head of the fire departmen	t for the above
Please Check Below:		LOCAL LICENSING	G AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved expiaiii)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200006	(CITY OR TOWN	MANSFIEI	LD		
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13		
	CLASS			YEAR		
LICENSEE NAME: D.G.P. & SONS, INC	2.					
DOING BUSINESS A JIMMY'S PUB & R	ESTAURANT					
ADDRESS 141 NO. MAIN ST.						
CITY/TOWN: MANSFIELD	STATE: MA	ZIP CODE:	02048			
MANAGER: PANTOS, GEORGE TYPE	OF LICENSE: Resta	urant CA	ATEGORY:	All Alcohol		
EMAIL ADDRESS:						
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE FLOOR, THREE ROOMS, BASEMENT STORAGE; TWO ENTRANCES/EXITS. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer						
DATE: TELEPHONE						
TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER: ecurity Number)		
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license of 2010.	n possession (1) the ector and the head e	(Note: <u>NOT</u> Ind certificate require of the fire departi	ividual Social S	er 304 of the above		
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license.	n possession (1) the ector and the head e	(Note: <u>NOT</u> Ind certificate require of the fire departi	ed by Chapte nent for the Chapter 116	er 304 of the above of the Acts		



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LICENSE NUMBE	R: 065200008		CIT	TY OR TOW	'N MANSFI	ELD
APPLICATION FO	OR RENEWAL:	Annua	al	LICI	ENSED FOR	2013
		CLAS	S			YEAR
LICENSEE NAME	: REGENT CAFE INC	C. OF MANS	FIELD			
DOING BUSINESS	S A					
ADDRESS 394-96	NO. MAIN ST.					
CITY/TOWN: MA	ANSFIELD	STATE:	MA	ZIP CODE:	02048	
	SCUCCI, TYPE LLIAM A.	OF LICENS	SE: Restaur	ant	CATEGORY	: All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL	ADDRESS		
	F LICENSED PREMISE					
_	ONE FLOOR, TWO ROS AND TWO SIDE EX		CHEN AN	D STORAGI	E ROOM IN F	REAR;
I hereby certify and	swear under penalties of	f perjury that	:			
1. the renev	wed license will be of the	e same type i	for the sam	e premises n	ow licensed;	
2. the licen	see has complied with al	l laws of the	Commony	wealth relatin	g to taxes; and	d
3. the prem	nises are now open for bu	isiness (If no	t explain b	elow)		
SIGNED BY						
	Individual, Partner or	Authorized	Corporate	Officer		
DATE:	TELEPHONE	NUMBER:				ATION NUMBER:
				(Note: NOT	Individual Social	Security Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe l (2) the certificate of li	ector and th	e head of	the fire depa	rtment for th	ie above
Please Check Below:			L	OCAL LICE	NSING AUTI	HORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved expl	laın)		_			
			_			
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 065200009		CITY	OK TOWN	MANSFIE	LD
APPLICATION FOR	RENEWAL:	Annua	1	LICEN	ISED FOR 20)13
		CLAS	S			YEAR
LICENSEE NAME:	SPIEZIO ENTI	ERPRISES INC.				
DOING BUSINESS	A GENO'S RES	T. & LOUNGE				
ADDRESS 407-09 N	O. MAIN ST.					
CITY/TOWN: MAN	NSFIELD	STATE:	MA Z	IP CODE:	02048	
MANAGER: SPIE	ZIO, JOHN	ΓΥΡΕ OF LICENS	E:Restauran	it C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
ī	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER Y	OUR EMAIL ADI	DRESS		
DESCRIPTION OF I						
EQUIPPED WITH T FOR STORAGE; TH			ONE FLOO	OR;	CELLAF	RUSED
I hereby certify and s	wear under penal	ties of perjury that	:			
1. the renewe	ed license will be	of the same type f	or the same	premises now	licensed;	
2. the license	e has complied v	vith all laws of the	Commonwe	alth relating t	to taxes; and	
3. the premis	es are now open	for business (If no	t explain bel	ow)		
SIGNED BY	Individual Part	tner or Authorized	Corporate O)fficer		
	individual, i ur	iner of Humorized	corporate o	THECH		
DATE:	TEI EDU	ONE NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER:
	IELEFN	ONE NUMBER.			dividual Social S	
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building	inspector and the	e head of th	e fire depart	ment for the	above
Please Check Below:			LO	CAL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	ın)					
DATE:						
D. 111.						



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LICENSE NUMBER:	065200010		CITY OR TOWN	MANSFIELD
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	TAHANA,INC.			
DOING BUSINESS A	A TAHANA REST	AURANT		
ADDRESS 60 OAKL	AND ST.			
CITY/TOWN: MAN	SFIELD	STATE: MA	ZIP CODE:	02048
MANAGER: CHAN Y.	N, PETER K. TY	PE OF LICENSE: Rest	caurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMI	SES:		
& LOUNGE, FULL K	ITCHEN, MEN'S AL UNITS; 2 EXIT	E WITH FULL LOWE & LADIES' ROOMS; S ON LST LEVEL IN 'EL.	FURTHER DIVIDI	ED INTO 4
I hereby certify and sv	vear under penaltie	s of perjury that:		
1. the renewe	d license will be of	the same type for the s	same premises now l	licensed;
2. the license	e has complied with	all laws of the Comm	onwealth relating to	taxes; and
3. the premise	es are now open for	business (If not explain	in below)	
SIGNED BY	Individual, Partne	r or Authorized Corpor	rate Officer	
DATE:	TELEPHON	IE NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Indi	vidual Social Security Number)
Acts of 2004, signed	by the building in	spector and the head	of the fire departm	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explai	 n)		LOCAL LICENSI By:	ING AUTHORITY
DATE:				



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LICENSE NUMBER: 06	5200012		CITY OR TO	OWN MANSFIE	LD
APPLICATION FOR RE	ENEWAL:	Annual	Ll	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: CF	HAMBERLAIN AVI	ENUE ENTERP	PRISES,INC		
DOING BUSINESS A	CATMAN CAFE				
ADDRESS 16 OLD COI	LONY RD.				
CITY/TOWN: MANSF	TELD	STATE: MA	ZIP COD	E: 02048	
MANAGER: CERULL STEPHE		OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LICE					
3 ROOMS FOR SERVICE BASEMENT FOR STORE EXITS TO REAR OF BI	RAGE. ENTRANCI				
I hereby certify and swea	r under penalties of j	perjury that:			
1. the renewed li	icense will be of the	same type for the	e same premises	s now licensed;	
2. the licensee ha	as complied with all	laws of the Com	monwealth rela	ting to taxes; and	
3. the premises a	are now open for bus	iness (If not exp	lain below)		
SIGNED BY In	dividual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	UMBER:	EMPI	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: <u>N(</u>	<u>OT</u> Individual Social S	Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building inspec	ctor and the hea	nd of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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LICENSE NUMB	ER: 065200013		CITY OR TOWN MAN	SFIELD
APPLICATION F	OR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAMI	E: NEW ENGLAND S	PORTSERVICE, IN	IC.	
DOING BUSINES	SS A TWEETER CENT	ER		
ADDRESS 885 SC	OUTH MAIN STREET			
CITY/TOWN: M	ANSFIELD	STATE: MA	ZIP CODE: 0204	8
MANAGER: PIO	CKETTE, ROBIN TYPE NN	E OF LICENSE: Res	taurant CATEGO	ORY: Wine and Malt Regular
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS	
	F LICENSED PREMISE			
TWEETER CENT COURTYARD.	ER FOR THE PERFOR	MING ARTS, 885	SOUTH MAIN STREET '	THE GOLDEN
I hereby certify and	d swear under penalties o	of perjury that:		
1. the rene	ewed license will be of th	ne same type for the	same premises now license	ed;
2. the lice	nsee has complied with a	all laws of the Comn	nonwealth relating to taxes;	and
3. the pren	mises are now open for b	ousiness (If not expla	in below)	
SIGNED BY				
	Individual, Partner of	or Authorized Corpo	rate Officer	
DATE:	TELEPHONE	NUMBER:		FICATION NUMBER:
			(Note: NOT Individual S	ocial Security Number)
Acts of 2004, sign	ned by the building insp	ector and the head	e certificate required by C l of the fire department for rance required by Chapte	or the above
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:]		By:	
DISAPPROVED:				
(If disapproved exp	piain)		-	
DATE:				



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LICENSE NU	MBER: 065200014		CITY OR TOWN	MANSFIELD
APPLICATIO:	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: WILLOWDALE GO	LF COURSE INC		
DOING BUSI	NESS A			
ADDRESS 54	WILLOW STREET			
CITY/TOWN:	MANSFIELD	STATE: MA	ZIP CODE:	02048
MANAGER:	SIMONELLI, TYPE MICHAEL	E OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMISE	ES:		
	ILDING WITH BRICK VEN , HEATER ROOM, MEN'S IZE 30'X 60'.			
I hereby certify	y and swear under penalties o	of perjury that:		
1. the	renewed license will be of th	e same type for the	same premises now	licensed;
2. the	licensee has complied with a	ll laws of the Com	monwealth relating to	o taxes; and
3. the	premises are now open for b	usiness (If not expl	ain below)	
SIGNED BY	Individual, Partner o	r Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER	DENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004,	rsigned, attest that we are in signed by the building insp e and (2) the certificate of li	ector and the hea	d of the fire departi	nent for the above
Please Check Belo	<u>ow:</u>		LOCAL LICENS	ING AUTHORITY
APPROVED:	<u> </u>		By:	
DISAPPROVI				
(If disapproved	l explain)			
DATE:				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:065200016		CITY OR TOW	N MANSFIE	LD
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	F & W INC				
DOING BUSINESS	A DUBS DISCO	OUNT LIQ			
ADDRESS 30 CHAU	JNCY STREET				
CITY/TOWN: MAN	NSFIELD	STATE: MA	ZIP CODE:	02048	
MANAGER: SARF	RO,ROBIN A.	ΓΥΡΕ OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PRE	MISES:			
1ST STORE OF THE APPROX 7500 SQF		MPLEX ONE ENTRA	NCE AND EXIT I	N FRONT OF	STORE;
	es are now open	with all laws of the Confor business (If not expenses)	lain below)	g to taxes; and	
	marviduai, i art	ner of Authorized Corp	orate Officer		
DATE:	TELEPH	ONE NUMBER:		ER IDENTIFICATION INDIVIDUAL SOCIAL SECTION SE	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICE By:	NSING AUTH	ORITY
(If disapproved expla DATE:	in)				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 065200017		CITY OR TOWN MANS	PLIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
	AME: BRISTOL M NESS A BRISTOL I			
ADDRESS 67	0 EAST STREET			
CITY/TOWN:	MANSFIELD	STATE: MA	ZIP CODE: 02048	
MANAGER:	DI MARZIO, DAVID E.	TYPE OF LICENSE: Pa	ackage Store CATEGOI	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	REMISES:		
BLDG. 1960 S	SQ. FT. REAR DOOF	R FOR REC. BASEMENT	FOR STORAGE	
	premises are now ope	en for business (If not exp		and the second s
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AU By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06	5200024		CI	ΓY OR TOWN	MANSFIE	LD
APPLICATION FOR RE	NEWAL:	Annu	al	LICENS	SED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME: WI	UM RUNNER WI					
ADDRESS 377 CHAUN						
CITY/TOWN: MANSF	IELD	STATE:	MA	ZIP CODE:	02048	
MANAGER: DETROL JOSEPH		OF LICEN	SE:Packag	e Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR WEBS	ITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LICE	ENSED PREMISE	S:				
UNIT A, ONE FLOOR, O	ONE ROOM AND	STORAGE	SPACE			
I hereby certify and swear	r under penalties of	f perjury tha	t:			
1. the renewed li	cense will be of the	e same type	for the sam	e premises now	licensed;	
2. the licensee ha	as complied with al	l laws of the	Common	wealth relating to	taxes; and	
3. the premises a	re now open for bu	siness (If no	ot explain b	elow)		
SIGNED BY	dividual, Partner or	· Authorized	Corporate	Officer		
DATE:				EMBI OVED	IDENTIFICAT	NON NUMBER.
DAIL.	TELEPHONE 1	NUMBER:		(Note: NOT Ind		TION NUMBER: ecurity Number)
Please Check Below:			L	OCAL LICENS	ING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved explain)			=			
			_			
DATE:			_			



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LICENSE NUN	MBER: 065200025		CITY OR TOWN MANSF	TELD
APPLICATION	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: 242 CHAUI	NCY STREET, INC.		
DOING BUSIN	NESS A CLASSIC	PIZZA		
ADDRESS 242	2 CHAUNCY STRE	EET		
CITY/TOWN:	MANSFIELD	STATE: MA	ZIP CODE: 02048	
MANAGER:	TSAPANIDIS, ROBERT	TYPE OF LICENSE: Re	estaurant CATEGOR	Y: Wine and Malt Regular
EMAIL ADDR	ESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED P	REMISES:		
	NT DOOR, REAR OR 62 PEOPLE. RE		SIDE TO SIDE WITH SEAT	ING
I hereby certify	and swear under pe	enalties of perjury that:		
1. the	renewed license wil	l be of the same type for the	e same premises now licensed;	
2. the l	licensee has complie	ed with all laws of the Com	monwealth relating to taxes; an	nd
3. the ₁	premises are now of	pen for business (If not expl	lain below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Soci	al Security Number)
Acts of 2004,	signed by the build	ling inspector and the hea	ne certificate required by Cha d of the fire department for t urance required by Chapter 1	he above
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 uisappioved	слріані)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 065200026		CITY OR TOWN MANSFI	ELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: FAIR WINDS & FOLLO NESS A TEDESCHI FOOD SHO		INC.	
ADDRESS 24	2 CHAUNCY ST			
CITY/TOWN:	MANSFIELD ST	TATE: MA	ZIP CODE: 02048	
MANAGER:	LANGTON, ROBER TYPE OF T F. JR.	LICENSE: Pack	kage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMISES:			
3200 SQ FT C	ONVENIENCE STORE.			
	licensee has complied with all law premises are now open for busine Individual, Partner or Au	ess (If not explain	in below)	
DATE:	TELEPHONE NUI	MBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Beld APPROVED: DISAPPROVE			LOCAL LICENSING AUTH By:	HORITY
(If disapproved	d explain)			
DATE:				



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LICENSE NU	MBER: 065200028		CITY OR TOWN	I MANSFIE	LD
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSI	AME: KANKU,ING NESS A THE STOR 3 SOUTH MAIN ST	RE			
	: MANSFIELD	STATE: MA	ZIP CODE:	02048	
MANAGER:		TYPE OF LICENSE:P		CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	N OF LICENSED PI ONE ROOM, STOR				
 the the 	renewed license will licensee has complie premises are now op	enalties of perjury that: I be of the same type for the ed with all laws of the Control pen for business (If not expendent or Authorized Corporation).	nmonwealth relating blain below)		
DATE:		PHONE NUMBER:	EMPLOYE	ER IDENTIFICAT	
Please Check Bel APPROVED: DISAPPROV (If disapproved	ED:		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					
APPLICATION FOI	R RENEWAL MUST BE FILI	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 10	6A)



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LICENSE NUN	MBER: 065200032	C	IIY OR IOWN MANSFIE	LD
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE NA	ME: MANSFIELD LOD	GE OF ELKS NO. 263	33	
DOING BUSIN	NESS A			
ADDRESS 140	NORTH MAIN STREET			
CITY/TOWN:	MANSFIELD	STATE: MA	ZIP CODE: 02048	
MANAGER:	OWENS, TYP KENNETH P.	E OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:			
DESCRIPTION	PLEASE ALSO VISIT OUR WE N OF LICENSED PREMIS	BSITE AND ENTER YOUR EMAI ES:	IL ADDRESS	
I hereby certify	and swear under penalties	of perjury that:		
•	•		me premises now licensed;	
2. the l	icensee has complied with	all laws of the Commo	nwealth relating to taxes; and	
3. the p	premises are now open for	business (If not explain	below)	
SIGNED BY	Individual, Partner	or Authorized Corpora	te Officer	1
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
Acts of 2004, s	signed by the building ins	pector and the head o	ertificate required by Chapt of the fire department for the nce required by Chapter 116	above
Please Check Belo	<u>w:</u>		LOCAL LICENSING AUTHO	ORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiain)			
DATE:				
ADDITION FOR	RENEWAL MUST BE FILED BY LI	CENSEES DUDING THE MON	THE OF NOVEMBER (M.C.). Ch. 129 ¢ 14	(4)



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LICENSE NU	MBER: 065200037		CITY OR TOWN MANSE	FIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE N	AME: NEW ENGLA	ND SPORT SERVICE		
DOING BUSI	NESS A			
ADDRESS 88	5 SOUTH MAIN STR	REET		
CITY/TOWN	: MANSFIELD	STATE: MA	ZIP CODE: 02048	
MANAGER:	PECKETTE, ROBIN ANN	TYPE OF LICENSE: Re	staurant CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	EMISES:		
TWEETER CL COURTYARI		RFORMING ARTS- RES	STRICTED TO "THE GOLDI	EN
I hereby certif	y and swear under pena	ılties of perjury that:		
1. the	renewed license will b	e of the same type for the	same premises now licensed;	
2. the	licensee has complied	with all laws of the Com	monwealth relating to taxes; an	nd
3. the	premises are now open	n for business (If not expl	ain below)	
SIGNED BY			0.07	
	Individual, Par	rtner or Authorized Corpo	orate Officer	
DATE				
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
			(170te. 1701 marviduai 50c.	iai Security (Valider)
Acts of 2004,	signed by the buildin	g inspector and the hea	e certificate required by Cha d of the fire department for a grance required by Chapter	the above
Please Check Bel	ow:		LOCAL LICENSING AUT	ΓHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiaiii)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200	1036	CITY OR TOWN MANSFIELD	
APPLICATION FOR RENEV	WAL: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: GT RE			
DOING BUSINESS A WINE			
ADDRESS 280 SCHOOL ST			
CITY/TOWN: MANSFIELI	STATE: MA	ZIP CODE: 02048	
MANAGER: THOMPSON N	GLEN TYPE OF LICENSE:Pa	ackage Store CATEGORY: All Alcohol	l
EMAIL ADDRESS:			
PLEASE ALS	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENS			
17,205 SQ. FT. ALL ALCOH SHOPPING CENTERLD	IOL PACKAGE STORE LOCA	TED AT MARSHFIE CROSSING	
2. the licensee has co3. the premises are no	e will be of the same type for the complied with all laws of the Compow open for business (If not exp	nmonwealth relating to taxes; and	
SIGNED BY Individ	lual, Partner or Authorized Corp	oorate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200039	CI	TY OR TOWN	MANSFIELD
APPLICATION FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: FRESH CATCH SEAL	FOOD		
DOING BUSINESS A			
ADDRESS 30 CHAUNCY STREET			
CITY/TOWN: MANSFIELD	STATE: MA	ZIP CODE:	02048
MANAGER: SARRO, WILLIAM TYPE C F.	F LICENSE: Restau	rant CAT	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PREMISES:			
RETAIL AREA WITH AN ATTACHED SIT STORE PLAZA	DOWN RESTAUR	ANT THE MIDDI	LE OF A THREE
I hereby certify and swear under penalties of p	erjury that:		
1. the renewed license will be of the s	same type for the sam	ne premises now lic	censed;
2. the licensee has complied with all l		•	axes; and
3. the premises are now open for busi	ness (If not explain b	pelow)	
SIGNED BY		OSC	
Individual, Partner or A	Authorized Corporate	Officer	
DATE: TELEBRIONE N		EMPLOYED I	DENTIFICATION NUT (DED
TELEPHONE N	UMBER:		DENTIFICATION NUMBER: dual Social Security Number)
			dual social security (values)
We the undersigned, attest that we are in pacts of 2004, signed by the building inspect named license and (2) the certificate of liquid of 2010.	tor and the head of	the fire departme	ent for the above
Please Check Below:	I	OCAL LICENSIN	IG AUTHORITY
APPROVED:	E	By:	
DISAPPROVED: (If disapproved applies)			
(If disapproved explain)	-		
	-		
DATE:	<u>-</u> _		



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LICENSE NUMBER: 065200040	(CITY OR TOWN MANSFIE	LD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: CAFE ON THE CO DOING BUSINESS A ADDRESS 012-14 SOUTH MAIN STREE			
CITY/TOWN: MANSFIELD	STATE: MA	ZIP CODE: 02048	
MANAGER: BEATTY, DIANE TYP	E OF LICENSE: Resta	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WED DESCRIPTION OF LICENSED PREMIS		ALL ADDRESS	
I hereby certify and swear under penalties of the renewed license will be of the complex the licensee has complied with a complex the premises are now open for the complex than the premises are now open for the complex than the premises are now open for the complex than the premises are now open for the complex than the premises are now open for the complex than the premises are now open for the complex than the premises are now open for the complex than the premises are now open for the complex than the comple	he same type for the s all laws of the Commo	onwealth relating to taxes; and	
SIGNED BY Individual, Partner	or Authorized Corpor	ate Officer	
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
We the undersigned, attest that we are a Acts of 2004, signed by the building inspanmed license and (2) the certificate of 2010.	pector and the head	of the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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LICENSE NUMBER: 065200043		CITY OR TOWN MANSFIELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: KENNETH N	M. DEFAZIO	
DOING BUSINESS A TRATTORI	IA DELLA NONNA'S	
ADDRESS 160 NORTH MAIN ST		
CITY/TOWN: MANSFIELD	STATE: MA	ZIP CODE: 02048
MANAGER: DEFAZIO, KENNETH M.	TYPE OF LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED PR 60 SEAT RESTAURANT, 30 SEAT		
3. the premises are now open SIGNED BY Individual, Pa		
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building named license and (2) the certification of 2010.	ng inspector and the head	certificate required by Chapter 304 of the of the fire department for the above cance required by Chapter 116 of the Acts
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORITY By:



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LICENSE NUMBER: 065200047	C	ITY OR TOWN	MANSFIEI	LD
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: CORK'S FINE WINE & I	JQUORS, LLC			
DOING BUSINESS A CORK'S FINE WINE &	LIQUORS			
ADDRESS 390 WEST ST				
CITY/TOWN: MANSFIELD ST	ATE: MA	ZIP CODE:	02048	
MANAGER: FOLEY, MEGAN E. TYPE OF	LICENSE: Packa	ige Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AN	ND ENTER YOUR EMAI	L ADDRESS		_
DESCRIPTION OF LICENSED PREMISES:				
6000 SQ FT OF RETAIL SPACE, FRONT ENT	'RANCE, REAR	LOADING DOC	K	
I hereby certify and swear under penalties of perj	-			
1. the renewed license will be of the san		_		
2. the licensee has complied with all law3. the premises are now open for busines		_	taxes; and	
5. the premises are now open for busines	ss (11 not explain	(below)		
SIGNED BY				
Individual, Partner or Aut	horized Corpora	te Officer		
DATE: TELEPHONE NUM	IBER:			ION NUMBER:
		(Note: NOT Ind	ividual Social So	ecurity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEE	S DURING THE MON	TH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 065200048		CITY OR TOWN	MANSFIE	LD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 660 EA	A FAMILY FOOD MA	ART			
CITY/TOWN: MA		STATE: MA	ZIP CODE:	02048	
	JMA, RAAFAT TYPE			ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		_
	LICENSED PREMISES	S:			
RETAIL STORE					
2. the licens	wed license will be of the see has complied with al- ises are now open for bu	l laws of the Con siness (If not exp	nmonwealth relating t		
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE I	NUMBER:			TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					
D.1111.					



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	CI	TY OR TOWN MANSFIEL	LD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	13
	CLASS	,	YEAR
LICENSEE NAME: TGI FRIDAY'S INC.			
DOING BUSINESS A TGI FRIDAY'S			
ADDRESS SCHOOL STREET & SR 140			
CITY/TOWN: MANSFIELD	STATE: MA	ZIP CODE: 02048	
MANAGER: FISHER, TYPE O	OF LICENSE: Restau	rant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PREMISES	5:		
A FREESTANDING BLDG. OF APPROX. BUILDING, ADDITIONAL EXIT IN REAF		CE AND EXIT AT FRONT O	F
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the	• •	•	
2. the licensee has complied with all		•	
3. the premises are now open for bus	siness (If not explain	below)	
SIGNED BY	A 41-11-1-1-C-11-11-11-11-11-11-11-11-11-11	0.00	
Individual, Partner or	Authorized Corporate	e Officer	
DATE			
DATE: TELEPHONE N			
I ELEFHONE I	NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Se	
TELEFHONE I	NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Se	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq of 2010.	possession (1) the ce	(Note: <u>NOT</u> Individual Social Secretificate required by Chapte the fire department for the	er 304 of the above
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq of 2010. Please Check Below:	possession (1) the ce ctor and the head of uor liability insuran	(Note: <u>NOT</u> Individual Social Secretificate required by Chapte the fire department for the	er 304 of the above of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq of 2010. Please Check Below: APPROVED:	possession (1) the ce ctor and the head of uor liability insuran	(Note: <u>NOT</u> Individual Social Secretificate required by Chapter the fire department for the acce required by Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building inspectate and (2) the certificate of liquid of 2010. Please Check Below: APPROVED: DISAPPROVED:	possession (1) the ce ctor and the head of uor liability insuran	(Note: NOT Individual Social Secretificate required by Chapte the fire department for the accercance required by Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq of 2010. Please Check Below: APPROVED:	possession (1) the ce ctor and the head of uor liability insuran	(Note: NOT Individual Social Secretificate required by Chapte the fire department for the accercance required by Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building inspectate and (2) the certificate of liquid of 2010. Please Check Below: APPROVED: DISAPPROVED:	possession (1) the ce ctor and the head of uor liability insuran	(Note: NOT Individual Social Secretificate required by Chapte the fire department for the accercance required by Chapter 116	er 304 of the above of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0652	200050	CITY OR	IOWN MANSFIE	SLD
APPLICATION FOR REN	TEWAL: Annu	al	LICENSED FOR 2	013
	CLA	SS		YEAR
	RE HOSPITALITY INTERN INGHORN STEAKHOUSE RE, ROUTE 140	ATIONAL, INC.		
CITY/TOWN: MANSFIE		MA ZIP CO	DDE: 02048	
MANAGER: CORBETT	, PAUL TYPE OF LICEN	SE: Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE	ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS		
DESCRIPTION OF LICEN	NSED PREMISES:			
	RANT, WITH DINING RO S FOR MEN & WOMEN, E			HEN,
I hereby certify and swear u	under penalties of perjury that	t:		
1. the renewed lice	ense will be of the same type	for the same premi	ses now licensed;	
	complied with all laws of the		elating to taxes; and	
3. the premises are	now open for business (If no	ot explain below)		
SIGNED BY Indi	vidual, Partner or Authorized	l Corporate Officer		
DATE:	TELEPHONE NUMBER:	EM	MPLOYER IDENTIFICA	TION NUMBER:
	TEELI HONE WOMBER.	(Note:	NOT Individual Social	Security Number)
Acts of 2004, signed by the	st that we are in possession ne building inspector and tl e certificate of liquor liabili	ne head of the fire	department for the	e above
Please Check Below:		LOCAL 1	LICENSING AUTH	IORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disappioved explain)				_
		·		



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LICENSE NUMBER: 0652	200054		CITY OR	TOWN	MANSFIE	LD
APPLICATION FOR REN	EWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: SET DOING BUSINESS A CC		ICS				
ADDRESS 31 OXFORD F	ROAD MANSFIEI	LD SPORTS PL	EX			
CITY/TOWN: MANSFIE	(LD	STATE: MA	ZIP CO	ODE:	02048	
MANAGER: COFFEY,	BRIAN TYPE (OF LICENSE: R	estaurant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:]
DESCRIPTION OF LICEN 60,000 SQ. FT. BUILDIN		:		NCTION	ROOM,	_
I hereby certify and swear	under penalties of	perjury that:				
1. the renewed lice	ense will be of the	same type for th	e same premi	ses now	licensed;	
2. the licensee has 3. the premises are	-			elating to	taxes; and	
SIGNED BY Indi	vidual, Partner or	Authorized Corp	oorate Officer			
DATE:	TELEPHONE N	NUMBER:				CION NUMBER: decurity Number)
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	he building inspec	ctor and the he	ad of the fire	departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL By:	LICENS	ING AUTH	ORITY
DATE:						
APPLICATION FOR RENEWAL MU	ST BE FILED BY LICEN	ISEES DURING THE	MONTH OF NOV	EMBER (M	.G.L. Ch. 138 \$ 10	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	065200055		CITY OR TOWN	WANSFIE	LD
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ARB ENTERPRISES	S INC.			
DOING BUSINESS A	CASEY O'CONOR	S			
ADDRESS 219-221 n	orth main st				
CITY/TOWN: MAN	SFIELD	STATE: MA	ZIP CODE:	02048	
MANAGER: BURR	NS,ROBERT TYPE	OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISE	S:			
approx 3600 sq ft on o	one floor for an irish p	ub and restaurant			
I hereby certify and sw	vear under penalties of	f perjury that:			
	d license will be of the	• •	•		
	e has complied with a			to taxes; and	
3. the premise	es are now open for bu	ısiness (If not expla	ain below)		
SIGNED BY			0.07		
	Individual, Partner of	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:			TION NUMBER:
			(Note: NOT Inc	dividual Social S	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the head	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	n)		-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 065200056		CITY OR TOWN	MANSFIELD
APPLICATION FO	OR RENEWAL	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: BERTUCCI	'S RESTAURANT CORP.		
DOING BUSINES	S A BERTUCO	CI'S ITLIAN RESTAURAN	TT	
ADDRESS 280 SC	CHOOL STREE	Γ		
CITY/TOWN: M.	ANSFIELD	STATE: MA	ZIP CODE:	02048
MANAGER: LO SH	GIUDICE, ARON L.	TYPE OF LICENSE: Re	staurant CAT	EGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISI	Γ OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF				
		JRANT IN FREE UNIT W IO AND ONE MAIN ENT		
I hereby certify and	l swear under pe	nalties of perjury that:		
1. the rene	ewed license wil	be of the same type for the	same premises now lic	censed;
2. the licer	nsee has complie	ed with all laws of the Com	nonwealth relating to t	axes; and
3. the pren	nises are now or	en for business (If not expl	ain below)	
SIGNED BY				
	Individual,	Partner or Authorized Corp	orate Officer	
DATE:	TELE	PHONE NUMBER:		DENTIFICATION NUMBER:
			(Note: NOT Indivi	dual Social Security Number)
Acts of 2004, sign	ed by the build	we are in possession (1) the ing inspector and the heat cate of liquor liability insu	d of the fire departme	nt for the above
Please Check Below:			LOCAL LICENSIN	IG AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	piain)			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 065200057		CITY	JK TOWN	WANSFIE	LD
APPLICATION	FOR RENEWAL:	Annual		LICEN	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAI	ME: B-X MANSFIEL	D LLC				
DOING BUSIN	ESS A THE VILLAGE	E AT WILLOW CRO	SSINGS			
ADDRESS 25 C	COBB STREET					
CITY/TOWN:	MANSFIELD	STATE: MA	ZIP	P CODE:	02048	
MANAGER: I	BORNSTEIN, T'	YPE OF LICENSE: R	estaurant	C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDR	ESS		_
	OF LICENSED PREM					
	RESTAURANT FOR		STS			
•	and swear under penalti					
	enewed license will be o	• •	•			
	censee has complied wi remises are now open fo			Ŭ	to taxes; and	
3. tile pi	remises are now open to	of business (If flot exp	nam belov	<i>N)</i>		
SIGNED BY						
	Individual, Partn	er or Authorized Cor	porate Off	icer		
			Г			
			l			
DATE:	TELEPHO	NE NUMBER:		EMPLOYE	ER IDENTIFICAT	TON NUMBER:
			(N	Jote: <u>NOT</u> Ir	ndividual Social S	ecurity Number)
Acts of 2004, si	igned, attest that we a gned by the building i and (2) the certificate	nspector and the he	ad of the f	fire depar	tment for the	above
Please Check Below	<u>v:</u>		LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVEI						
(If disapproved e	explain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200059		CITY OR TOWN	MANSFIEI	LD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: CHIPOTLE M	EXICAN GRILL OF CO	LORADO,LLC		
DOING BUSINESS A CHIPOTLE N	MEXICAN GRILL			
ADDRESS 287 SCHOOL STREET				
CITY/TOWN: MANSFIELD	STATE: MA	ZIP CODE:	02048	
MANAGER: CARR, EMILY	TYPE OF LICENSE: Res	taurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PRE CASUAL DINING MEXICAN REST I hereby certify and swear under pena 1. the renewed license will be 2. the licensee has complied 3. the premises are now open SIGNED BY	TAURANT SERVING BO lties of perjury that: e of the same type for the with all laws of the Comm	Same premises now nonwealth relating the in below)	licensed;	RITAS
DATE: TELEPH	IONE NUMBER:	EMPLOYER (Note: NOT Inc	R IDENTIFICAT	
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head	of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:				



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	CITY OR TOWN	MANSFIELD
Annual	LICEN	SED FOR 2013
CLASS		YEAR
PRISE,INC		
ESE STEAK HOUES	S QI YANG,HONG	
2		
STATE: MA	ZIP CODE:	02048
PE OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
ISES:		
s of perjury that:		
f the same type for the	same premises now	licensed;
	•	taxes; and
r business (If not expl	ain below)	
r or Authorized Corpo	orate Officer	
NE NI IMBER:	EMPLOYER	IDENTIFICATION NUMBER:
VE IVOIVIDEIX.	(Note: NOT Ind	ividual Social Security Number)
spector and the head	l of the fire departr	nent for the above
	LOCAL LICENS	ING AUTHORITY
	By:	
	CLASS PRISE, INC IESE STEAK HOUES 2 STATE: MA PE OF LICENSE: Res VEBSITE AND ENTER YOUR EN ISES: D AT 242 CHAUNCY ,KITCHEN AND ST s of perjury that: If the same type for the h all laws of the Common business (If not explain to a common of the common of t	Annual CLASS PRISE,INC RESE STEAK HOUES QI YANG,HONG 2 STATE: MA ZIP CODE: PE OF LICENSE: Restaurant CA VEBSITE AND ENTER YOUR EMAIL ADDRESS ISES: D AT 242 CHAUNCY ST,CONTAINING,KITCHEN AND STORAGE. THE PRIM s of perjury that: If the same type for the same premises now hall laws of the Commonwealth relating to business (If not explain below) Tror Authorized Corporate Officer NE NUMBER: EMPLOYER (Note: NOT Indices in possession (1) the certificate requires spector and the head of the fire departs of liquor liability insurance required by the LOCAL LICENS



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0652	200061		C.	ITY OR	RTOWN	MANSFIE	LD
APPLICATION FOR REN	IEWAL:	Annu	al		LICEN	NSED FOR 20	013
		CLA	SS				YEAR
LICENSEE NAME: ASI	A GRILL & SUS	HI,INC.					
DOING BUSINESS A AS	IA GRILL & SU	SHIRESTA	URANT				
ADDRESS 287 SCHOOL	ST SUITE #2						
CITY/TOWN: MANSFIE	ELD	STATE:	MA	ZIP C	CODE:	02048	
MANAGER: LAU,BOB	BY,Y. TYPE	OF LICEN	SE:Restau	ırant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:							
PLEASE	ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL	L ADDRESS	8		_
DESCRIPTION OF LICEN							
ALCOHOLIC BEVERAGE							ш
CONSUMED BY RESTAL BAR, LOUNGE AND SUS							
seats on outdoor patio	TH D/IR.ST OR	IGE WILL		IL COC	ATTILL	Diffe. Tiddiff	onar 33
I hereby certify and swear	under penalties of	f perjury tha	ıt:				
1. the renewed lice	ense will be of the	e same type	for the sai	me pren	nises nov	v licensed;	
2. the licensee has	complied with al	ll laws of the	e Commoi	nwealth	relating	to taxes; and	
3. the premises are	e now open for bu	usiness (If n	ot explain	below)			
SIGNED BY							
Indi	vidual, Partner or	r Authorized	l Corporat	te Office	er		
DATE:	TELEPHONE	NUMBER:					ΓΙΟΝ NUMBER:
				(Note	e: <u>NOT</u> In	idividual Social S	Security Number)
We the undersigned, atte	est that we are ir	n possession	(1) the c	ertificat	te requi	red by Chapt	er 304 of the
Acts of 2004, signed by the	he building inspe	ector and tl	ne head of	f the fir	e depar	tment for the	above
named license and (2) the of 2010.	e certificate of li	quor liabili	ty insurai	nce req	uired by	Chapter 116	of the Acts
Please Check Below:				LOCAL	LICEN	SING AUTH	ORITY
APPROVED:				By:			
DISAPPROVED: (If disapproved explain)							
(11 disappioved explain)							
DATE:				-			
•							



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LICENSE NUMB	ER: 065200062		CITY OR TOWN	MANSFIELD
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAMI	E: HEYMOHN LLC			
DOING BUSINES	SS A CIBO MATTO			
ADDRESS 254 CI	HAUNCY STREET			
CITY/TOWN: M	ANSFIELD	STATE: MA	ZIP CODE:	02048
MANAGER: KU	JPLAST, PETER TYP	E OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR F	EMAIL ADDRESS	
	F LICENSED PREMIS			
FREE STANDING SIDE OF BUILDI	G 3300+1 SQ FT BUILE NG	DING WITH 25 PA	RKING SPACES, P.	ATIO ADDITION TO
I hereby certify and	d swear under penalties	of perjury that:		
1. the rene	ewed license will be of the	he same type for the	e same premises now	licensed;
2. the lice	nsee has complied with	all laws of the Com	monwealth relating to	o taxes; and
3. the prei	mises are now open for b	ousiness (If not exp	lain below)	
SIGNED BY	Individual, Partner	or Authorized Corr	orate Officer	
	morvidual, i di morv	or rumorized corp	orace officer	
DATE:	TELEPHONE	E NIIIMRED:	EMPLOYER	R IDENTIFICATION NUMBER:
	TEELITON	THOMBER.	(Note: NOT Ind	lividual Social Security Number)
Wa the and and a		: (1) 4l		od by Chanton 204 of the
	ned, attest that we are need by the building insp			ed by Chapter 304 of the ment for the above
named license an of 2010.	d (2) the certificate of l	liquor liability inst	urance required by	Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	-1-i)			
(If disapproved exp	piain)			
DATE:				
APPLICATION FOR REN	NEWAL MUST BE FILED BY LIC	CENSEES DURING THE N	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 0	65200063		CITY OR TOWN	MANSFIEL	LD.
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME: S DOING BUSINESS A					
ADDRESS 280 SCHOO	OL STREET				
CITY/TOWN: MANS	FIELD	STATE: MA	ZIP CODE:	02048	
MANAGER: LI, MIC	HELLE TYPE	OF LICENSE: Res	staurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	ASE ALSO VISIT OUR WEBSI		MAIL ADDRESS		
DESCRIPTION OF LIC 4817 SQ. FT. LOCATE LOUNGE BAR, ONE E SURROUNDING BY F PATRONS.	D AT 280 SCHOOL ENTRANCE AND T	ST WITH TWO HREE EXITS,ING	CLUDED AN OUTI	DOOR PATIO	O AREA
2. the licensee l	license will be of the nas complied with all are now open for bus	same type for the laws of the Comr	nonwealth relating to		
SIGNED BY	ndividual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICATI	
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building inspe	ctor and the head	l of the fire departı	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 065200064	CITY OR TOW	'N MANSFIELD
APPLICATION FOR RENEWAL:	Annual LICI	ENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: MANSFIELD DELI LLC		
DOING BUSINESS A MANSFIELD DELI		
ADDRESS 72 PRATT STREET		
CITY/TOWN: MANSFIELD STATE	TE: MA ZIP CODE:	02048
MANAGER: REILLY, THOMAS TYPE OF LIG E.	CENSE: Package Store	CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND I	ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
FOOD & DELI MARKET AND PACKAGE STOI		
I hereby certify and swear under penalties of perjur		
1. the renewed license will be of the same		
2. the licensee has complied with all laws of3. the premises are now open for business		g to taxes; and
3. the premises are now open for business	(ii not explain below)	
SIGNED BY		
Individual, Partner or Autho	rized Corporate Officer	
DATE: TELEPHONE NUMB	LIX.	YER IDENTIFICATION NUMBER:
	(Note: NOT	Individual Social Security Number)
Please Check Below:	LOCAL LICE	NSING AUTHORITY
APPROVED:	By:	
DISAPPROVED:		
(If disapproved explain)		
	-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 065200065	CITY OR TOWN MANSFIELD					
APPLICATION FOR	R RENEWAL:	Annual	I	LICEN	SED FOR 2	013	
		CLASS				YEAR	
LICENSEE NAME:	ZRC OPERATION	NS CO. INC.					
DOING BUSINESS	A QDOBA MEXIC	CAN GRILL					
ADDRESS 280 SCH	OOL ST. #D 100						
CITY/TOWN: MAN	NSFIELD	STATE: MA	ZIP COI	DE:	02048		
MANAGER: REEI	O, JAY TY	PE OF LICENSE: R	Restaurant	C.	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
]	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS			_	
DESCRIPTION OF I	LICENSED PREMI	SES:					
RESTAURANT WIT & REAR EGRESS.	TH 66 SEATS INDO	OORS, PATIO ENC	CLOSED WITH	SEPA	ARATE ENT	RANCE	
I hereby certify and s	wear under penaltie	s of perjury that:					
1. the renew	ed license will be of	the same type for the	ne same premise	es now	licensed;		
	-	h all laws of the Cor		ating t	o taxes; and		
3. the premis	ses are now open for	r business (If not exp	plain below)				
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Officer				
	11101 / 101011, 1 1110110	. 01 1 144110111204	por u ic 0111001				
DATE:	TELEPHON	EMF	EMPLOYER IDENTIFICATION NUMBER:				
	TELEFIION	NE NOMBEK.				lual Social Security Number)	
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building in	spector and the he	ad of the fire d	lepart	ment for the	above	
Please Check Below:			LOCAL L	ICENS	SING AUTH	ORITY	
APPROVED:			By:	By:			
DISAPPROVED:							
(If disapproved expla	in)		-				
DATE:							
DAIE.			-				